

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/511513** FILING DATE **14 OCT 2004**
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			/						51						
2			/						52						
3			/						53						
4			/						54						
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46									96						
47									97						
48									98						
49									99						
50									100						
TOTAL IND.		↓	8	↓		↓			TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	4	←		←			TOTAL DEP.		←		←		←
TOTAL CLAIMS			9						TOTAL CLAIMS						